

EXHIBIT 8

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PRIME CLERK

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carmen D. Pagan Gonzalez
Participant's Address: P.O. Box 670, Moravia, P.R. 00687
Participant's Email Address: carmen.d.gonzalez@familia.pr.gov
Name of Counsel: Depto Familia
Address of Counsel: 22 Ave. Buena Vista, Moravia, P.R. 00687
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 1180055-P SVC ADShn-Q
Nature of Claim: 17 BK 3283-LTS

By: 
Signature

Carmen D Pagan Gonzalez
Print Name

TASF-I
Title (if Participant is not an individual)

7/9/2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.